

ISSUE SLIP STAPLE AREA (for additional cross references)

FUNCTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18	1/4/01
FORMALITY REVIEW	SC	804	1/12/01
RESPONSE FORMALITY REVIEW	th	712	06-04-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/12/01
2	✓	✓	1/12/01
3	✓	✓	1/12/01
4	✓	✓	1/12/01
5	✓	✓	1/12/01
6	✓	✓	1/12/01
7	✓	✓	1/12/01
8	✓	✓	1/12/01
9	✓	✓	1/12/01
10	✓	✓	1/12/01
11	✓	✓	1/12/01
12	✓	✓	1/12/01
13	✓	✓	1/12/01
14	✓	✓	1/12/01
15	✓	✓	1/12/01
16	✓	✓	1/12/01
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31	✓	✓	1/12/01
32	✓	✓	1/12/01
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35	✓	✓	1/12/01
36	✓	✓	1/12/01
37	✓	✓	1/12/01
38	✓	✓	1/12/01
39	✓	✓	1/12/01
40	✓	✓	1/12/01
41	✓	✓	1/12/01
42	✓	✓	1/12/01
43	✓	✓	1/12/01
44	✓	✓	1/12/01
45	✓	✓	1/12/01
46	✓	✓	1/12/01
47	✓	✓	1/12/01
48	✓	✓	1/12/01
49	✓	✓	1/12/01
50	✓	✓	1/12/01

Claim	Final	Original	Date
51	✓	✓	1/12/01
52	✓	✓	1/12/01
53	✓	✓	1/12/01
54	✓	✓	1/12/01
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81	✓	✓	1/12/01
82	✓	✓	1/12/01
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89	✓	✓	1/12/01
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97	✓	✓	1/12/01
98	✓	✓	1/12/01
99	✓	✓	1/12/01
100	✓	✓	1/12/01

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Co.